

# Mississippi Medicaid

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## Bulletin

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### ACS Provider Enrollment Services

Mississippi Medicaid Providers are encouraged to contact ACS Provider Enrollment as the first point of contact for questions and/or updates to information as it relates to the provider's reference file. Maintaining an accurate provider reference file assists both the Division of Medicaid and the provider with the most effective and efficient claims adjudication. Services provided by Provider Enrollment include, but are not limited to:

- Assisting with questions regarding the application for becoming a Mississippi Medicaid Provider
- Ensuring that Medicare numbers are linked correctly; hence, electronic crossovers post to the correct provider number
- Updating licensure information
- Updating contact persons, addresses, telephone numbers, tax ID numbers, bank account numbers and other pertinent information
- Linking servicing providers and group providers appropriately,
- Updating CLIA information
- Any other provider enrollment information that is unique to the provider

ACS Provider Enrollment may be contacted via telephone at 1-800-884-3222. Press Option 2 for Provider Services and then Option 3 for Provider Enrollment. The department may also be accessed through the web portal at [www.msmedicaid.acs-inc.com](http://www.msmedicaid.acs-inc.com) for limited provider enrollment services.

### Requesting Plan of Care Forms

If you need to request additional plan of care forms, please contact the ACS Provider and Beneficiary Support Line at 1-800-884-3222. One of our Customer Service Associates will handle the request and make sure the mailing address is correct. You will be provided a reference number. The information will be logged in so that the request will be documented and tracked. It will then be forwarded to the appropriate mailroom staff who will fill the order expeditiously and mail to the address provided.

When calling to request the appropriate form, please reference the form number assigned by DOM.

MA-1148  
MA-1148A

Plan of Care Authorization Request\*  
Addendum to Plan of Care Authorization Request\*

\*Please note that only children under 21 are allowed additional office visits.



## Important Remittance Advice Information

Please be advised that effective *September 8, 2006* providers who bill claims electronically will no longer receive paper remittance advices (RA's). This is a continuation of the effort started January 1, 2006. Providers will have access to the same RA received previously on paper by downloading it off of the MS Envision Web Portal. RA's are available on the Web Portal each Monday for the previous week's adjudicated claims. This is several days earlier than the delivery date of the paper RA's through the mail. In addition RA's remain on the Web Portal for 90 days to allow continuous access. Please see the information below about accessing and enrolling for the Web Portal and electronic billing through ACS EDI Gateway Service:

- **Web Portal-** This application can be accessed at <http://msmedicaid.acs-inc.com>. In order to utilize this secure feature, providers will need to be a registered user of the web portal. Once the site has been accessed, providers should click on the link entitled, "Web Account Registration," which is on the left side of the web portal homepage, and complete the appropriate fields to become a registered web portal user. Once a provider has become a registered user of the web portal, the provider should simply access the web portal at <http://msmedicaid.acs-inc.com>, log into the secure portion of the web portal by clicking on the link entitled "Log In," and click on the "Print Images" tab.
- **ACS EDI Gateway Service-** In order to enroll with ACS EDI Gateway Services, the EDI Provider Agreement and Enrollment Form must be completed and submitted to: Mississippi Medicaid Program, P.O. Box 23078, Jackson, MS 39225. *Note: ACS State Healthcare offers free software, WINASAP2003, to assist with electronic claims submission.* The EDI Provider Agreement and Enrollment Form can be accessed by clicking on the "Enrollment Options" link of the Mississippi Envision Web Portal. Once enrolled to submit claims electronically and

receive electronic remittance advices, the provider will receive a user name and user number to access the Mississippi EDI Exchange, which is located at <http://mississippimedicaid.acs-inc.com>.

If you have any questions regarding the eliminating of the paper remittance advices and available options, please contact SDI Support at 1-800-884-3222. We would like to thank you in advance for your cooperation.

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## Sanctioned/Excluded Providers

In order to meet Federal requirements regarding public notification of sanctioned Medicare/Medicaid providers, as provided in 42 CFR Section 1002.212, the Mississippi Division of Medicaid has posted on its website at [www.dom.state.ms.us](http://www.dom.state.ms.us) a list of providers that have been excluded from participation in the Medicaid programs.

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## Call Record Tracking Numbers

When calling the ACS Call Center, ask for the call record number (CRN) from the Call Center Associate prior to ending your call. Make a record of this number, as it will be useful if there is a need for you to follow up on an inquiry.

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## Acquiring Additional Bulletins

One copy of the monthly Medicaid Bulletin is sent to every provider with an active provider number. If additional copies are needed, the bulletins may be downloaded from the publications page of the web portal at the following address: <http://msmedicaid.acs-inc.com>. Or, providers may call the ACS Provider and Beneficiary Services call center at 1-800-884-3222 to request additional copies.

## Have You Obtained and Reported Your NPI to Mississippi Medicaid?

### What is NPI?

The National Provider Identifier (NPI) is the standard unique numeric identifier for health care providers. It is a 10-digit identifier that will be used to identify health care providers billing claims using the HIPAA standard transactions. The NPI eliminates the need for health care professionals to use different numbers when conducting transactions with multiple commercial and government health plans.

### Who is responsible for obtaining and using an NPI?

The NPI must be used by HIPAA covered entities which include health plans (examples: Medicare, Medicaid, and private health insurance issuers), health care clearinghouses, and health care providers (individuals and organizations) that conduct electronic transactions.

There are two types of health care providers in terms of NPIs:

- Type 1 – Health care providers who are individuals, including physicians, dentists, and **ALL** sole proprietors. An individual is eligible for only one NPI.
- Type 2 – Health care providers who are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.

Organizations must determine if they have “subparts” that need to be uniquely identified in HIPAA standard transactions with their own NPIs. A subpart is a component of an organization that furnishes health care and is not itself a separate legal entity. For more information on subparts, the Centers for Medicare and Medicaid (CMS) has published a document on Medicare Subpart Expectations. This document is available on CMS’ website at <http://www.cms.hhs.gov>. Once the homepage is accessed, click on the link entitled, “Medicare NPI Implementation” which is on the left-hand side of the homepage. Under downloads, click on “Medicare Subpart Expectations” to view the document in its entirety.

- If you are an individual who is a health care provider and are incorporated, you may need to obtain an NPI for yourself (Type 1) and an NPI for your corporation or LLC (Type 2).

### When am I required to use my NPI?

You must use your NPI as of May 23, 2007. HIPAA covered entities such as providers completing electronic transactions, health-care clearinghouses, and large health plans, must use **ONLY** the NPI to identify covered healthcare providers in standard transactions by this date. CMS recommends that providers obtain their NPI at least six months prior to this date to provide ample time to test the NPI and share it with all of their health care partners, including payers, clearinghouses, vendors, and other providers.

**NOTE:** You should continue to use their Mississippi Medicaid provider number until April 27, 2007. Additional information regarding when, where, and how to use NPIs will be provided in subsequent provider bulletins.

### How do I obtain an NPI?

You can obtain an NPI by:

- Completing an on-line application at the National Plan and Provider Enumeration System (NPPES) website at (<https://NPPES.cms.hhs.gov/NPPES/Welcome.do>). When the homepage is accessed, the provider should click on “National Provider Identifier (NPI)” which is highlighted in blue. This will take the provider to the page where an online application can be completed. Or;
- Downloading the paper application form at [www.cms.hhs.gov/NationalProvIdentStand/](http://www.cms.hhs.gov/NationalProvIdentStand/) and mailing it to the address on the form. Or;
- Contacting 1-800-465-3203 to request a paper application to be mailed to the provider.

### How do I report my NPI to Mississippi Medicaid?

If you have obtained your NPI with the certification form from CMS, then you are ready to report your NPI to MS Medicaid. Please prepare a facsimile cover page and include the following information in transmitting your NPI information to the ACS Provider Enrollment fax number, 601-206-3015:

1. Provider Name
2. The name of a representative in your organization to be contacted
3. A direct telephone number
4. A fax number
5. Email address
6. A corresponding 8-digit MS Medicaid Provider Number
7. A copy of the NPI CMS certification form

You may also email the information requested above to [msnpi.provider@acs-inc.com](mailto:msnpi.provider@acs-inc.com). A copy of the NPI CMS certification form must be attached in the portable document format (PDF) to your email.

Once ACS receives the required information, the provider NPI information will be entered into the Mississippi Medicaid Management Information system (MMIS) and cross-referenced to the 8-digit Mississippi Medicaid Provider Number.

In the event one of the seven required elements stated above is omitted from the facsimile or email received, ACS will notify the contact representative by phone, email or facsimile to obtain the necessary information to complete the NPI Medicaid enrollment process.

### Where can I obtain more information?

Additional information will be published in future Mississippi Medicaid Bulletins, remittance advice banner messages, the Division of Medicaid website at [www.dom.state.ms.us](http://www.dom.state.ms.us), and on the MS Envision Web Portal at <http://msmedicaid.acs-inc.com>. You may also contact ACS Provider/Beneficiary Support at 800-884-3222 if you have questions or visit <http://www.cms.hhs.gov/NationalProvIdentStand/> for additional information.

In the near future, ACS will also broadcast bulletins and provider alerts through a mass fax communication.

## ICD9-CM Code Update

As a result of the Health Insurance Portability and Accountability Act (HIPAA), providers are required to bill with current code sets. The Division of Medicaid has updated our system to accept new and deny invalid ICD9-CM codes effective October 1, 2006.

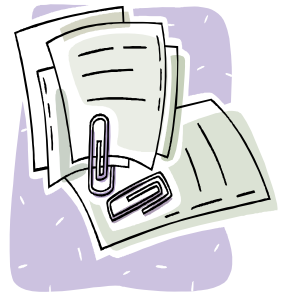
Please remember that ICD-9-CM is composed of codes with either 3, 4, or 5 digits. A code is invalid if it has not been coded to the full number of digits required for that code. You must, therefore, use a current version of ICD-9-CM which is updated October 1 of each year. Be sure to keep your previous books as they may be needed when reconciling older claims.

## Submission of Adjustment/Void Request

When submitting an Adjustment/Void request, complete boxes 1 thru 6 on the Adjustment/Void request form for proper processing. If filing for an adjustment with or without a returned check to Medicaid, attach a corrected claim and any other appropriate documentation that will aid in properly processing your request.

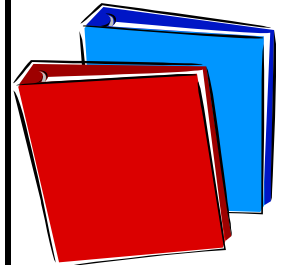
Please mail Adjustment/Void request and appropriate documentation to:

**Mississippi Medicaid Program**  
P.O. Box 23077  
Jackson, Mississippi 39225



## Policy Manual Reminder

This bulletin is a document for the Mississippi Medicaid Provider Policy Manual and must be placed in Section 88 of the manual. All providers are held accountable for all policies in the monthly Mississippi Medicaid Bulletins.



## Changes to Newborn Billing

With the implementation of the DRG Hospital Inpatient Payment Methodology on January 1, 2007, claims for newborns must be billed separately from the mother and will require the newborn's Medicaid number. Following the birth of a child to a Medicaid beneficiary and before the mother is discharged from the birthing facility hospitals must complete the Request for Newborn Health Benefits Identification Number form.

To be completed accurately, the newborn's date of birth must be entered in Section II of the form. The completed form should be faxed by the hospital to the Medicaid Regional Office that serves the county where the mother and baby will reside. The Medicaid Regional Office will process the newborn information and assign a permanent Medicaid ID within 7-10 days of receipt and fax the form back to the birthing facility initiating the form.

Completing this process timely will result in claims paying expeditiously. The newborn policy and the Request for Newborn Health Benefits Identification Number form can be found in section 25.08 of the Division of Medicaid State of Mississippi Provider Policy Manual. Please contact the ACS Provider and Beneficiary Support Line at 1-800-884-3222 if you have a question on completing the Newborn Health Benefits Identification Number form or you have a question on newborn billing procedures.

*Beginning January 1, 2007, claims for newborns must be billed separately from the mother and will require the newborn's Medicaid number.*

## The New Inpatient Payment Method – How to Stay Informed

By now, many hospital staff know that the Division of Medicaid is moving to a new method of purchasing inpatient hospital services. The new method will be payment by stay based on the APR-DRG casemix grouping algorithm. Under the previous method, which dated back to 1981, each hospital was paid a single per diem rate based on its historic costs compared with costs at similarly sized hospitals. The goals of the new payment method are to improve access, reward efficiency, increase fairness to hospitals, improve purchasing clarity, and reduce administrative cost for the Division of Medicaid and the hospitals.

A total of about 300 people attended information sessions in July in Grenada, Jackson and Hattiesburg and in August at the HMFA conference. With implementation set for January 1, what happens next and how can you keep up to date?

- **Websites.** The Mississippi Medicaid websites at <http://www.dom.state.ms.us/> and <http://msmedicaid.acs-inc.com/> have the latest information. The link on <http://www.dom.state.ms.us/> is under “Medicaid provider information” and is listed as “Hospital Inpatient APR-DRG Payment.” The link on <http://msmedicaid.acs-inc.com/> is under “Provider Information” and is listed under “Publications”. See in particular the “Questions and Answers” document and the “Pricing Examples” document. New versions of these documents list changes since the previous version. See also the “Draft DRG Payment Rates,” which list all the APR-DRGs and the associated draft payment rates as of June 30. (These rates will be finalized in October.)
- **Hospital information sessions.** Six sessions will be held in November. The tentative locations are Jackson, Oxford, Greenwood/Greenville, Hattiesburg, and Gulfport. Check the websites and the October newsletter for final arrangements and sign-up information. Sessions will be free. The morning (9:30-12:00) will include information on APR-DRGs, payment policies, pricing calculations, and prior authorization. It’s intended for hospital billing, coding, utilization management, and financial staff. The afternoon (12:30-2:30) will be an opportunity for financial staff to discuss and ask questions about the hospital-specific simulations.
- **Hospital-specific simulations.** Final decisions on the DRG base price, the cost outlier threshold, the mental health day outlier threshold and other parameters will be made in October, based on a simulation using all paid claims from January-June 2006. Every hospital can request a spreadsheet showing the claim-level simulation results for its own patients. No file will contain individually identifiable health information and no hospital will receive claim-level hospital-specific information for any other hospital. Hospital CFOs will receive an email in September asking if their hospital would like to receive their simulation results.
- **Beta testing.** Hospitals that would like to participate in beta testing are asked to contact Darrell Bullocks by September 15 at [darrell.bullocks@acs-inc.com](mailto:darrell.bullocks@acs-inc.com) or 601-206-2992. The beta test period will start October 23 and run for two to three weeks.
- **Consultation process.** The payment method has been designed in consultation with a hospital technical advisory group. Meetings are open to interested hospitals and are set for September 13, October 4, November 8 and December 6 from 1:00 to 4:00 p.m. People interested in attending are asked to keep in mind that these are not information sessions but rather working sessions that typically require preparation on the details of the payment method. Location depends on the size of the group; for more information, please contact Margaret King at [rbmck@medicaid.state.ms.us](mailto:rbmck@medicaid.state.ms.us) or 601-359-6155.
- **Payment method emulation.** Hospitals or other organizations that would like to emulate the detailed logic of the payment method should first turn to the website materials listed above. In addition, detailed programming specifications are available on request to Darrell Bullocks at the contact information given above.

## Hospice Enrollment Forms

It is very important to complete the Mississippi Medicaid Hospice Enrollment forms correctly. This form establishes the Hospice election segment on the beneficiary file and allows claims to adjudicate properly. The form should be completed according to the instructions below. All hospice forms and instructions can be found in section 14.06 of the Division of Medicaid State of Mississippi Provider Policy Manual.

1. Complete the individual's name **exactly** as it appears on his/her Medicaid card.
2. Complete the Medicaid number **exactly** as it appears on his/her Medicaid card.
3. Complete the individual's date of birth.
4. Complete the individual's area code and phone number.
5. Complete the individual's street address.
6. Complete the individual's city, state, and zip code.
7. Complete the name of parent, legal guardian, or representative (if applicable).
8. Complete by checking the appropriate box for the hospice benefit period and fill in requested effective date of service.
9. Complete the hospice's Medicaid provider name
10. Complete the hospice's Medicaid provider number.
11. Complete the name of the nursing facility where the beneficiary resides (if applicable).
12. Complete the nursing facility's Medicaid provider number (if applicable).
13. Complete the attending physician's name.
14. Complete the county where actual services will be rendered.
15. Complete the "group rate" code (refer to section 14.11 of the Hospice manual).
16. Have the provider's representative sign the form.
17. Have the provider's representative date the form.



Please contact the ACS Provider and Beneficiary Support Line at 1-800-884-3222 if you have a question on completing the Hospice Enrollment form.

### Submission of Minimum Data Set (MDS) Quarterly Assessment

The current Division of Medicaid policy for Quarterly Assessment states:

Full Assessment or MPAF Set of MDS items, mandated by State (contains at least CMS established subset of MDS items).	Must be completed every <b>ninety (90) days.</b>
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**CLARIFICATION:** The Medicaid quarterly assessment is required to be completed not more than **90 days** from the previously submitted assessment as required under OBRA'97. *The assessment reference date (A3a) of a quarterly assessment should not be less than 80 days and not more than 90 days from the previous assessment. Facilities with Alzheimer Units should only use the Full Assessment for its quarterly assessments.* If you have any questions, please contact Evelyn Silas at 601-359-6750 or the Case Mix Hotline at 601-359-5191.

## Help Slow Rising Prescription Costs

### DOSE OPTIMIZATION<sup>1</sup>

Dose optimization refers to situations where a single dose of a higher strength medication taken once daily replaces the same medication when taken multiple times daily. Dose Optimization yields the same total daily dose, can offer substantial cost savings, and increases compliance with drug therapy. Only drugs approved by the Food and Drug Administration (FDA) for once daily dosing and have different strengths available at similar costs are options for Dose Optimization.

Here are some examples of commonly used drugs and dose optimization options:

If currently receiving:		Consider converting to:		Monthly Cost Savings*	Annual Cost Savings*
Lexapro 10mg	2 doses/day	Lexapro 20 mg	1 dose/day	\$69.50	\$834.00
Zoloft 25 mg	2 doses/day	Zoloft 50 mg	1 dose/day	\$78.90	\$946.80
Zoloft 50 mg	2 doses/day	Zoloft 100 mg	1 dose/day	\$78.90	\$946.80
Risperdal 0.5 mg	2 doses/day	Risperdal 1 mg	1 dose/day	\$102.00	\$1224.00
Risperdal M0.5mg	2 doses/day	Risperdal-M1mg	1 dose/day	\$94.50	\$1134.00
Zyprexa 5 mg	2 doses/day	Zyprexa 10 mg	1 dose/day	\$105.00	\$1260.00
Z. Zydis 5 mg	2 doses/day	Z.Zydis 10 mg	1 dose/day	\$131.10	\$1573.20
Univasc 7.5mg	2 doses/day	Univasc 15 mg	1 dose/day	\$38.40	\$460.80
Celebrex 100mg	2 doses/day	Celebrex 200mg	1 dose/day	\$19.99	\$239.88
Aceon 2mg	2 doses/day	Aceon 4mg	1 dose/day	\$32.40	\$388.80
Ambien 5mg	2 doses/day	Ambien 10mg	1 dose/day	\$106.80	\$1281.60
Sonata 5 mg	2 doses/day	Sonata 10mg	1 dose/day	\$83.40	\$1000.80

\*based on DOM's maximum allowable costs; does not include dispensing fee or co-payment

**Being knowledgeable about drug costs can help prescribers determine the most cost effective therapy for their patients.**

<sup>1</sup>Dose Optimization may not be appropriate for all beneficiaries.

## Policy Manual Additions/ Revisions

The following policies and policy sections have been added and/or revised in the DOM Provider Policy Manual. Providers of these services may view these changes by accessing the DOM website at [www.dom.state.ms.us](http://www.dom.state.ms.us) and clicking on "Provider Manuals" in the left window.

Manual Section	Policy Section	New	Revised	Effective Date
1.0 Introduction	1.07 Medicaid Regional Office 1.08 Reserved For Future Use 1.10 Utilization Management/Quality Improvement Organization		X X X	09/01/06
2.0 Benefits	2.01 Medicaid Services 2.02 Benefits and Limitations 2.03 Exclusions		X X X	09/01/06
7.0 General Policy	7.03 Maintenance of Records 7.05 Healthcare Practitioner Peer Review Protocol 7.07 Administrative Hearings-Eligibility Decisions		X X X	09/01/06
41.0 Dialysis	41.05 Documentation Requirements		X	09/01/06
53.0 General Medical Policy	53.25 Vagus Nerve Stimulation for Treatment of Depression	X		09/01/06
10.0 Durable Medical Equipment	10.02 Reimbursement		X	10/01/06
66.0 HCBS/ Independent Living Waiver	All (66.01-66.12)	X		10/01/06
69.0 HCBS/ Traumatic Brain Injury/ Spinal Cord Injury Waiver	All (69.0-69.12)	X		10/01/06
77.0 Immunization	77.05 Vaccines for Adults		X	10/01/06

### The Division of Medicaid Website Reminder

The Division of Medicaid hosts a wealth of information on the website, [www.dom.state.ms.us](http://www.dom.state.ms.us), from Provider Manuals to phone and fax contact numbers to fee schedules. Medicaid Eligibility Guidelines can also be found on this website. Under the link entitled, "Medicaid Provider Information," Billing tips, as well as, Provider Bulletins dating back to 1995, may be found in this linkage. The Division of Medicaid's website is proven to be a very useful tool for providers.

### Sterilization Consent Forms

Sterilization consent forms are scanned into the Envision system when sent to ACS for processing. To ensure that the forms are processed correctly, please verify that all of the appropriate form fields are completed and the signature and dates are clear and legible. The consent form consists of several copies. Please use a ballpoint pen and apply sufficient pressure when completing the forms to create legible documents.



## Assistance from Provider Representatives

Please call the ACS Provider/Beneficiary Support Line at 1-800-884-3222 or 1-601-206-2900 for assistance on individual claims or billing issues. This is the most efficient way to get help on your claims.

Provider representatives are available to assist you with complex billing and claims issues. You may also contact your provider representative to arrange for Medicaid billing education. A provider visit may be scheduled at a time that is convenient for you. Please leave a voice mail message for your provider representatives if they are in the field or otherwise not available. Allow the representative an opportunity to return your call. You should receive a prompt response within two business days.

Prior to scheduled provider visits, you should submit a list of issues to your provider representative to be covered during the visit. This will allow the provider representative an opportunity to research the issues and be prepared to provide the needed assistance.

These representatives may be reached by contacting them at the phone numbers listed on the chart below. Contact the provider representative for the county of your billing address if it is different from your service address where you see your patients.

County	Provider Representative	Telephone #
Adams	Charleston Green	601.359.9804
Alcorn	Machelle Dorman	601.206.3025
Amite	Charleston Green	601.359.9804
Attala	Kwanza Price	601.206.2928
Benton	Machelle Dorman	601.206.3025
Bolivar	Clint Gee	662.459.9753
Calhoun	Rhonda Evans	601.359.1370
Carroll	Clint Gee	662.459.9753
Chickasaw	Rhonda Evans	601.359.1370
Choctaw	Rhonda Evans	601.359.1370
Claiborne	Charleston Green	601.359.9804
Clarke	Pamela Williams Joyce Diane Wilson	601.359.9575 601.359.4293
Clay	Rhonda Evans	601.359.1370
Coahoma	Clint Gee	662.459.9753
Copiah	Charleston Green	601.359.9804
Covington	Pamela Williams Joyce Diane Wilson	601.359.9575 601.359.4293
Desoto	Machelle Dorman	601.206.3025
Forrest	Pamela Williams Joyce Diane Wilson	601.359.9575 601.359.4293
Franklin	Charleston Green	601.359.9804
George	Pamela Williams Joyce Diane Wilson	601.359.9575 601.359.4293
Greene	Pamela Williams Joyce Diane Wilson	601.359.9575 601.359.4293
Grenada	Rhonda Evans	601.359.1370

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County	Provider Representative	Telephone #
Hancock	Ashlyn Booker	601.359.6045
	Barbara Weed	601.359.6127
Harrison	Ashlyn Booker	601.359.6045
	Barbara Weed	601.359.6127
Hinds		
Zip codes 39041 - 39215	Randy Ponder	601.206.3026
Zip codes 39216 - 39629	Cindy Brown	601.206.2981
Holmes	Kimberly M. Collins	601.359.6841
Humphreys	Kimberly M. Collins	601.359.6841
Issaquena	Kimberly M. Collins	601.359.6841
Itawamba	Rhonda Evans	601.359.1370
Jackson	Ashlyn Booker	601.359.6045
	Barbara Weed	601.359.6127
Jasper	Kwanza Price	601.206.2928
Jefferson	Charleston Green	601.359.9804
Jefferson Davis	Charleston Green	601.359.9804
Jones	Kwanza Price	601.206.2928
Kemper	Kwanza Price	601.206.2928
Lafayette	Machelle Dorman	601.206.3025
Lamar	Pamela Williams	601.359.9575
	Joyce Diane Wilson	601.359.4293
Lauderdale	Charleston Green	601.359.9804
Lawrence	Charleston Green	601.359.9804
Leake	Kwanza Price	601.206.2928
Lee	Randy Ponder	601.206.3026
Leflore	Clint Gee	662.459.9753
Lincoln	Charleston Green	601.359.9804
Lowndes	Rhonda Evans	601.359.1370
Madison	Kimberly M. Collins	601.359.6841
Marion	Pamela Williams	601.359.9575
	Joyce Diane Wilson	601.359.4293
Marshall	Machelle Dorman	601.206.3025
Monroe	Rhonda Evans	601.359.1370
Montgomery	Rhonda Evans	601.359.1370
Neshoba	Kwanza Price	601.206.2928
Newton	Kwanza Price	601.206.2928
Noxubee	Rhonda Evans	601.359.1370
Oktibbeha	Rhonda Evans	601.359.1370
Panola	Clint Gee	662.459.9753

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County	Provider Representative	Telephone #
Pearl River	Pamela Williams	601.359.9575
	Joyce Diane Wilson	601.359.4293
Perry	Pamela Williams	601.359.9575
	Joyce Diane Wilson	601.359.4293
Pike	Charleston Green	601.359.9804
Pontotoc	Rhonda Evans	601.359.1370
Prentiss	Machelle Dorman	601.206.3025
Quitman	Clint Gee	662.459.9753
Rankin	Joyce Diane Wilson	601.359.4293
Scott	Kwanza Price	601.206.2928
Sharkey	Kimberly M. Collins	601.359.6841
Simpson	Charleston Green	601.359.9804
Smith	Kwanza Price	601.206.2928
Stone	Pamela Williams	601.359.9575
	Joyce Diane Wilson	601.359.4293
Sunflower	Clint Gee	662.459.9753
Tallahatchie	Clint Gee	662.459.9753
Tate	Clint Gee	662.459.9753
Tippah	Machelle Dorman	601.206.3025
Tishomingo	Machelle Dorman	601.206.3025
Tunica	Clint Gee	662.459.9753
Union	Randy Ponder	601.206.3026
Walthall	Charleston Green	601.359.9804
Warren	Kimberly M. Collins	601.359.6841
Washington	Clint Gee	662.459.9753
Wayne	Pamela Williams	601.359.9575
	Joyce Diane Wilson	601.359.4293
Webster	Rhonda Evans	601.359.1370
Wilkinson	Charleston Green	601.359.9804
Winston	Kwanza Price	601.206.2928
Yalobusha	Rhonda Evans	601.359.1370
Yazoo	Kimberly M. Collins	601.359.6841

#### Out of State Assignments

Alabama	Randy Ponder	601.206.3026
Louisiana		
East of I-55	Cindy Brown	601.206.2981
West of I-55	Kwanza Price	601.206.2928.
Tennessee	Machelle Dorman	601.206.3025

# Mississippi Medicaid Bulletin

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***If you have any questions related to the topics in this bulletin, please contact ACS at 1-800-884-3222 or 601-206-3000***

Mississippi Medicaid Manuals are on the Web  
[www.dom.state.ms.us](http://www.dom.state.ms.us)  
 And  
 Medicaid Bulletins are on the Web Portal  
<http://msmedicaid.acs-inc.com>



**September**

## September 2006

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
				EDI Cut Off 5:00 p.m.	1	2
3	4 DOM and ACS closed	5	6	7 EDI Cut Off 5:00 p.m.	8	9
10	11	12	13	14 EDI Cut Off 5:00 p.m.	15	16
17	18	19	20	21 EDI Cut Off 5:00 p.m.	22	23
24	25	26	27	28 EDI Cut Off 5:00 p.m.	29	30

Checkwrite

Checkwrites and Remittance Advices are dated every Monday. The Remittance Advice is available for download each Monday morning at <http://msmedicaid.acs-inc.com> while funds are not transferred until the following Thursday.